

PUBLIC VOUCHER FOR PURCHASE AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. \_\_\_\_\_

U. S. COST REIMBURSABLE  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 1035

To \_\_\_\_\_  
(Payee)

PAID BY  
**SAPG 6642**  
**COPY 1 OF 3**

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				12,580	80
Total						\$12,580	80

PAYMENT:  
Complete ☐  
Partial ☐  
Final ☐

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_  
I certify that the above bill is correct and just and that payment has not been received.

STATINTL (Sign original only)  
Date 5/16/56  
Per \_\_\_\_\_  
Amount verified; correct for 12,580 80  
(Signature or initials) \_\_\_\_\_

Contract No. A 101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_  
Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

Approved for \_\_\_\_\_  
By \_\_\_\_\_  
Title CONTRACTING OFFICER  
STATINTL Date \_\_\_\_\_  
(Authorized Certifying Officer)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM  
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL  
APPROVING OFFICER

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$\_\_\_\_\_  
Cash, \$\_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_  
(Sign original only)

STATINTL

Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090031-5

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DIVISIONAL DETAIL ACCOUNTS PAID JOURNAL

# **DIVISIONAL SUMMARY ACCOUNTS PAID JOURNAL**

☐ CONSOLIDATED ACCOUNTS PAID DISTRIBUTION

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# ACCOUNTS PAID REPORTS

EW - T1002 (11-55) © 50-10800

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☐ DIVISIONAL SUMMARY ACCOUNTS PAID JOURNAL

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COST CENTER			DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER	RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
MAJ	INT	SUB	MO	DAY	YR						ACCOUNT	M.J.O.	S.O.	WORK ORDER	
000000	000000	000000	00	00	00	000000	BASIC STPOL	12531	220033	5	12700	5041	4		54400
000000	000000	000000	00	00	00	000000	MOD/REC	17468	220033	5	12700	5041	4		54400
000000	000000	000000	00	00	00	000000	PLYMOUTH	17075	220033	5	12700	5041	4		54400
000000	000000	000000	00	00	00	000000	ADDCOPIE	12537	220033	5	12700	5041	4		54400
252040	05036	25350	05	03	6	25350	PETTY CASH 5/3	U		5	12700	5041	4		33000
254000	05046	25408	05	04	6	25408	ELECT SUPPLY	517468	22539	5	12700	5041	4		44100
															44100
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															247249
															661585
															280852
															942437

ACCOUNTS PAID REPORTS

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